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|  | TIPLE    | DEPENI   | DENT C                                 | LAIM   | Application Number<br>10/544,156 |           |                 | Filing Date<br>01 August, 2005 |  |  | To be Mailed |         |  |  |
|--|----------|----------|--|--|----------------------------------|-----------|-----------------|--------------------------------|--|--|--------------|---------|--|--|
| FEE CALCULATION SHEET<br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |          |          |  |  | Applicant(                       | s) KOJIMA | ET AL.          |                                |  |  | Page 1 of 1  |         |  |  |
|  |          |          |  |  |                                  |           | * May be        | used for addi                  | tional claims                                    | or amendme                                       | ents         |         |  |  |
| CLAIMS   | AS FILED |          | AFTER FIRST<br>AMENDMENT<br>07/24/2008 |  | AFTER SEC.<br>AMENDMENT          |           |                 | *                              | *  |  | *            |         | *  |  |
|  | Indep    | Depend   | Indep                                  | Depend   | Indep                            | Depend    |                 | Indep                          | Depend   | Indep  | Depend       | Indep   | Depend   |  |
| 1  |          |          | 1                                      |  |                                  |           | 51              |                                |  |  |              |         |  |  |
| 2  |          |          |  | 1  |                                  |           | 52              |                                |  |  |              |         |  |  |
| 3  |          |          |  | 2  |                                  |           | 53              |                                | ļ  |  |              |         |  |  |
| - 4<br>- 5   | -        |          | 1                                      |  |                                  |           | 54<br>55        |                                |  |  |              |         |  |  |
| 6  |          |          | 1                                      |  |                                  |           | 56              |                                | -  |  |              |         |  |  |
| <del>-</del> 7   | _        |          |  | 1  | -                                |           | 57              | -                              | +  |  | _            |         |  |  |
|  |          |          |  | 1  |                                  |           | 58              |                                | <del>                                     </del> |  |              |         | <del></del>                                      |  |
| 9  |          |          | 1                                      |  |                                  |           | 59              |                                | <del>                                     </del> |  | _            |         |  |  |
| 10   |          |          | <u> </u>                               | - 1  |                                  |           | 60              |                                | <del>                                     </del> |  |              |         |  |  |
| 11   |          |          |  | 1  |                                  |           | 61              |                                |  |  |              |         | <b>T</b>   |  |
| 12   |          |          | 1                                      |  |                                  |           | 62              |                                |  |  |              |         |  |  |
| 13   |          |          |  | 1  |                                  |           | 63              |                                |  |  |              |         |  |  |
| 14   |          |          |  | 1  |                                  |           | 64              |                                |  |  |              |         |  |  |
| 15   |          |          |  | 1  |                                  |           | 65              |                                |  |  |              |         |  |  |
| 16   |          |          | - 1                                    |  |                                  |           | 66              |                                |  |  |              |         |  |  |
| 17   |          |          |  | 1  |                                  |           | 67              |                                |  |  |              |         |  |  |
| 18   |          |          | 1                                      |  |                                  |           | 68              |                                |  |  |              |         |  |  |
| 19   |          |          | 1                                      |  |                                  |           | 69              |                                |  |  |              |         |  |  |
| 20   |          |          |  |  |                                  |           | 70<br>71        |                                |  |  |              |         |  |  |
| 21   |          |          |  |  |                                  |           | 72              |                                | -  |  |              |         |  |  |
| 23   | _        |          |  |  |                                  |           | 73              |                                |  |  |              |         |  |  |
| 24   | _        |          |  |  |                                  |           | 74              |                                | <del>                                     </del> | -  |              |         |  |  |
| 25   | _        |          |  |  |                                  |           | 75              |                                |  |  |              |         |  |  |
| 26   |          |          |  |  |                                  |           | 76              |                                |  |  |              |         | <del></del>                                      |  |
| 27   |          |          |  |  |                                  |           | 77              |                                | <b>†</b>   |  |              |         | <del></del>                                      |  |
| 28   |          |          |  |  |                                  |           | 78              |                                |  |  |              |         |  |  |
| 29   |          |          |  |  |                                  |           | 79              |                                |  |  |              |         |  |  |
| 30   |          |          |  |  |                                  |           | 80              |                                |  |  |              |         |  |  |
| 31   |          |          |  |  |                                  |           | 81              |                                |  |  |              |         |  |  |
| 32   |          |          |  |  |                                  |           | 82              |                                |  |  |              |         |  |  |
| 33   |          |          |  |  |                                  |           | 83              |                                |  |  |              |         |  |  |
| 34   |          |          |  |  |                                  |           | 84              |                                |  |  |              |         |  |  |
| 35   |          |          |  |  |                                  |           | 85              |                                |  |  |              |         |  |  |
| 36<br>37   |          |          |  |  |                                  |           | 86<br>87        |                                | -  |  |              |         | -  |  |
| 38   | -        | -        |  | <b>-</b>   |                                  |           | 88              |                                | -  |  | -            |         | +  |  |
| 39   | _        | <b>-</b> | <del></del>                            | <del>                                     </del> |                                  |           | 89              |                                | <del>                                     </del> | <del>                                     </del> |              |         | -  |  |
| 40   |          |          |  |  |                                  |           | 90              |                                | <del>                                     </del> |  |              |         | <del></del>                                      |  |
| 41   |          |          |  |  |                                  |           | 91              |                                |  |  |              |         | <del>                                     </del> |  |
| 42   |          |          |  |  |                                  |           | 92              |                                |  |  |              |         | $\overline{}$                                    |  |
| 43   |          |          |  |  |                                  |           | 93              |                                |  |  |              |         | $\overline{}$                                    |  |
| 44   |          |          |  |  |                                  |           | 94              |                                |  |  |              |         |  |  |
| 45   |          |          |  |  |                                  |           | 95              |                                |  |  |              |         |  |  |
| 46   |          |          |  |  |                                  |           | 96              |                                |  |  |              |         |  |  |
| 47   |          |          |  |  |                                  |           | 97              |                                |  |  |              |         |  |  |
| 48   |          |          |  |  |                                  |           | 98              |                                |  |  |              |         |  |  |
| 49   |          |          |  |  |                                  |           | 99              |                                |  |  |              |         | -  |  |
| 50   |          |          |  |  |                                  |           | 100             |                                |  |  |              |         |  |  |
| Total  |          |          | 9                                      |  |                                  |           | Total           |                                |  |  |              |         |  |  |
| Indep  |          |          |  | - 11   |                                  |           | Indep           |                                |  |  |              |         |  |  |
| Depend   |          |          |  |  |                                  |           | Depend          |                                |  |  |              |         |  |  |
| Total<br>Claims  |          |          | 2                                      | 20   |                                  |           | Total<br>Claims |                                |  |  |              |         |  |  |
| Claims   | 2        |          |  | crn i ic r                                       |                                  |           | Codims          |                                | Cal dl   |  | 4. 61. ( II  | A TENTO |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering. му рискуму ин аруаматом. Commensuary is governor or y 5 U.S.C. 122 and 57 C.PR. 11-4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and solvaining the complete dapplication from to the USPTO. Time will yard operating upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for roducing his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commency. P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.